

CABINET FOR HEALTH AND FAMILY SERVICES OFFICE OF THE SECRETARY

Steven L. Beshear Governor

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Secretary

Contract Correspondence Transmittal (CCT)

CCT Number: 12-06

Division/Branch: Protection and Permanency

Key Words/Phrases: Pediatric Abusive Head Trauma Training

Attachments/Forms: Instructions for PCCs to access Pediatric Abusive Head Trauma Training and

Personnel Update Form

Dear PCC/PCP Provider,

In 2010, KRS 199.464 became effective. This law requires all foster parents to receive training in pediatric abusive head trauma. The initial training for all foster parents must be completed by December 31, 2013. Thereafter, foster parents are required to attend a training once every five (5) years. **Only** Cabinet approved training will meet the requirements of KRS 199.464. Similar training from a different source will not qualify as meeting the requirement of KRS 199.464.

Foster parents will have the option to receive the pediatric abusive head trauma training through regional group training events or through TRIS (Training Records Information System) online training. Identified staff have begun providing this group training at several venues, including the annual medically fragile training conference, as well as regional training events. Additional group trainings will continue to be available and can be arranged through the regional training coordinator or the regional nurse consultant inspector as needed. Instructions for access to the online training are attached. Questions regarding compliance and TRIS can be directed to Marie Johnson at Marie.Johnson@EKU.EDU.

If you have questions concerning this transmittal, please contact <u>Julie.Cubert@ky.gov</u> or <u>Lea.Sallengs@ky.gov</u>.

Sincerely,

Tina Webb

Assistant Director

Enclosure: Instructions for PCCs to access Pediatric Abusive Head Trauma Training and Personnel Update Form



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Instructions for PCCs to access Pediatric Abusive Head Trauma Web Based Training

- Click on the following link to access the Pediatric Abusive Head Trauma http://www.training.eku.edu/abusiveheadtraumawbt/.
- If you have a username/password enter this information and click login. (Username: firstname.lastname Password: last 4 digits of SSN)
- If you do not have a username or password you will need to fill out a personnel update form that is attached.
- Once the personnel update form is fill out, fax form back to Marie Johnson at 859-622-6399.
- Once your information is entered into TRIS (Training Records Information System), you will be able to log in and complete the Pediatric Abusive Head Trauma Web Based Training.
- Upon completion you will automatically receive 1.5 hours of training credit.
- Each parent in the household will need to complete the online training to receive training credit.

If you have any questions or concerns, please feel free to contact:
Marie Johnson
859-622-6212 office
859-661-2031 cell
marie.johnson@eku.edu



CABINET FOR HEALTH AND FAMILY SERVICES RESIDENTIAL WORKER COMPETENCY PROGRAM PERSONNEL UPDATE FORM

TRIS PERSONNEL

SOCIAL SECURITY NUMBER: FIRST NAME:	 MIDDLE INITIAL:	LAST NAME:			
Check the appropriate box:					
☐ NEW EMPLOYEE		CHANGES IN PERSONAL INFORMATION			
☐ EXISTING EMPLOYEE		Please write in any changes to Personal Information in the section below. TERMINATION			
Please complete the Agency & Employment Information Section below.					
AGENCY & EMP	LOYMENT INFO	RMATION SECTION			
BIRTH DATE: / (MM/DD/YY)	RACE:	CODES ON THE BACK			
SEX: MALE FEMALE	OFFICE PHC	DNE: ()			
AGENCY NAME:	OFFICE FAX	: () 			
CITY: DATE EMPLOYED: COUNTY:_ (MM/DD/YY) EMPLOYER: □ STAFF 0 3 Check One □ FOSTER PARENT 1 E-MAIL ADDRESS:	JOB CLA OTHER:	REGION: 19 RWCP			
SUPER	VISOR INFORMA	TION SECTION			
SSN:	NAME:	· · · · · · · · · · · · · · · · · · ·			
E-MAIL ADDRESS:					

Send completed form to: Marie Johnson or Jamie Bratcher, University Training Consortium, Eastern Kentucky University, 521 Lancaster Avenue, 229 Mattox Hall, Richmond, KY 40475. Phone: (859) 622-6212 FAX: (859) 622-6399

Visit us on the web at: http://www.rwcp.org



CABINET FOR HEALTH AND FAMILY SERVICES RESIDENTIAL WORKER COMPETENCY PROGRAM PERSONNEL UPDATE FORM

COUNTY CODES:

001	Adair	061	Knox
002	Allen	062	Larue
003	Anderson	063	Laurel
004	Ballard	064	Lawrence
005	Barren	065	Lee
006	Bath	066	Leslie
007	Bell	067	Letcher
008	Boone	068	Lewis
009	Bourbon	069	Lincoln
010	Boyd	070	Livingston
011	Boyle	071	Logan
012	Bracken	072	Lyon
013	Breathitt	073	McCracken
014	Breckinridge	074	McCreary
015	Bullitt	075	McLean
016	Butler	076	Madison
017	Caldwell	077	Magoffin
018	Calloway	078	Marion
019	Campbell	079	Marshall
020	Carlisle	080	Martin
021	Carroll	081	Mason
022	Carter	082	Meade
023	Casey	083	Menifee
024	Christian	084	Mercer
025	Clark	085	Metcalfe
026	Clay	086	Monroe
027	Clinton	087	Montgomery
028	Crittenden	880	Morgan
029	Cumberland	089	Muhlenburg
030	Daviess	090	Nelson

031 Edmonson 032 Elliott 091 Nicholas 092 Ohio 033 Estill 093 Oldham 034 Fayette 094 Owen 035 Fleming 095 Owsley 036 Floyd 096 Pendleton 037 Franklin 097 Perry 038 Fulton 098 Pike 099 Powell 039 Gallatin 100 Pulaski 040 Garrard 041 Grant 101 Robertson 042 Graves 102 Rockcastle 043 Grayson 103 Rowan 044 Green 104 Russell 045 Greenup 105 Scott 046 Hancock 106 Shelby 047 Hardin 107 Simpson 048 Harlan 108 Spencer 049 Harrison 109 Taylor 110 Todd 050 Hart 051 Henderson 111 Trigg 052 Henry 112 Trimble 053 Hickman 113 Union 114 Warren 054 Hopkins 055 Jackson 115 Washington 056 Jefferson 116 Wayne 117 Webster 057 Jessamine 058 Johnson 118 Whitley 059 Kenton 119 Wolfe

060 Knott

120 Woodford

RACE CODES:

- Caucasian
 African-American
- 2 Hispanic
- 3 Asian
- 4 American Indian
- 5 Other
- 6 Not Specified



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